

NURSING IN MISSION STATIONS



A LEPER HOSPITAL IN NORTH INDIA

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THE State Leper Hospital in Kashmir is as its name implies a state institution, but though financed from Hindu coffers the management of it is almost entirely in the hands of the surgeons of the Mission Hospital (C. M. S.).

The buildings are suitable, the site a beautiful one on the lake, healthy, convenient to the Mission Hospital, easily discovered by would-be patients.

The inmates are all voluntary, segregation is not enforced; that the leper asylum is popular is shown by the fact that there were 173 admissions last year and that the average length of stay was 1104 days. Of the 173 new cases in 1908, thirty-nine only were women.

One of the honorable medical superintendents writes in his last report: "In some of the lepers who have been longest under our care there have been no signs of active disease for many months." In that of the preceding year he says: "Most lepers improve greatly under treatment, and in many the disease is practically arrested."

Lepers are perhaps more liable than others to the minor ailments flesh is heir to. In a medical institution these are quickly treated and relieved, and dieting and a healthy protected life do much to make the poor sufferers less conscious of their sad condition.

The medical staff consists of, under the two honorary medical superintendents, an elderly Indian Christian of some ability and a good deal of experience, a Hindu purveyor who also helps with dressings, and two young male assistants such as do most of the nursing of the men in the Mission Hospital and who were trained there. There is no nurse in the American sense of the word, but neglect must not be assumed on that account. Very little has to be done for the women patients beyond simple dressings of ulcerated fingers and toes. Any requiring an operation with subsequent nursing are brought into the Mission Hospital where there are two nurses, and are there cared for with, of course, special precautions.

Much that is done by nurses at home is in the leper asylum done by the patients themselves (who are not incapacitated in any way by their disease) or by the "orderlies" or by the medical superintendents even—a curious division of labor, it may be said, but less curious-sounding out here where few even of the government hospitals in India have a nurse on the staff.

One or two more facts I may mention: The Christian head of the asylum reports daily at the Mission Hospital, attends prayers there, and helps in the preaching. Drugs are supplied from the hospital dispensary, dressings are prepared and sterilized on the spot. Last year there were eight deaths; the previous year four, but out of a rather smaller number of inmates. Tracheotomy is occasionally required; nerve-stretching causes improvement, temporarily at any rate. Amputation of a foot is sometimes performed. There are three Christian patients and we hope the number may be soon increased.

ITEMS

LEPROSY IN KOREA.—In a report of the work of the Korean Presbyterian Mission at Fusan, we find this account of lepers there:

"By far the most distressing cases who have come for help are those who have come with leprosy—these cases are both sad and trying. To be confronted day by day by a victim who has advanced to the last stages of this malignant disease, supporting himself on two canes, his feet and his hands partly gone, likewise his nose and his ears, his body in a putrid condition, and his face bloated out of all human resemblance, and over this mass of ruins a few rags, and on his back a broken gourd and a straw bag, the one in which to carry his food and the other for his bed—to have such an one prostrating himself before you, making signs and gestures,—for the inroads of his disease have hushed his voice forever,—pleading for that help and mercy which you are unable to give, is a scene sufficient for a lifetime. Multitudes of those affected with this yet unconquered enemy of man live in the South, thousands of whom have applied for help. Plans are now under way and we fully expect to see a leper's home established in the near future. While no radical cure can as yet be given them their sufferings can be more or less relieved, their lives prolonged and made more tolerable, and they would have such an opportunity of being brought under the influence of the Gospel as must now necessarily be denied them.

LEPROSY IN SOUTH CHINA.—At Tungkun, not far from Canton, is a leper home, founded in 1905, the average number of occupants of which is 124. It is supported by contributions from several different

societies and individuals in China, Germany, and Switzerland. Those patients who are able pay an entrance fee. The home gives them isolation, shelter, and partial support. Medical and evangelistic work is done among them.

THE CONTAGION OF LEPROSY.—The fact that leprosy is contagious, but not hereditary, was, says the *Lancet*, proved by the Commission in India, and this view is further supported by Dr. Kuhne, of the Leper House, Tungku, South China, who asked 167 lepers, and found that 56 had a clean family history. The two drugs which have been found of any service are alphozone and nastin. The former is the favorite drug of the lepers, and, in addition to its value as an intestinal anti-septic in the cases of dyspepsia, diarrhoea, and dysentery (which are usually of bad omen and a sign that the intestine is affected), it seems also to exert a tonic influence. Injections of nastin in cases of nerve leprosy have, on the whole, effected an improvement, though it has not been a uniformly successful drug. In several cases the injections were followed by headache and giddiness. Leprosy exists all over China, not to any great extent in the North, but in Central and South China it is frequently met with. While lepers in most places are allowed to roam free, there are settlements here and there in which they are segregated, but never strictly so. The native sovereign remedy for the disease consists of the leaves of *Xanthium strumarium*. The Chinese describe five different forms of leprosy. In one the skin dies, indicated by loss of sensation; in the second the flesh dies and no pain is felt in cutting it; in the third the blood dies and ulceration and pus are formed; in the fourth the tendons die and hands and feet drop off; in the fifth the bones die, the nose is destroyed, and the eyes, throat, and lips become involved. They ascribe as causes, climate, infection, defective nutrition, and the air of graves.—From *The British Journal of Nursing*.

DR. WILLIAM OSLER says, "Whether tuberculosis will be finally eradicated is even an open question. It is a foe that is very deeply intrenched in the human race. Very hard it will be to eradicate completely, but when we think of what has been done in one generation, how the mortality in many places has been reduced more than 50 per cent.—indeed, in some places 100 per cent.—it is a battle of hope, and so long as we are fighting with hope, the victory is in sight."